



## SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



**DO NOT USE FOR**

\* Contractor  
vehicle permit

**OR**

\* Single Day  
Temporary Parking  
Restriction  
Request

### DIRECTIONS

#### **Step One:**

- If this request involves closing a street  
Contact Lafayette Police – Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room,  
Riehle Plaza, or John T. Myers Pedestrian Bridge  
Contact Facilities Department for availability / 765-807-1323

#### **Step Two:**

- Complete and submit this application to Lafayette Clerk's Office  
City Hall, 2<sup>nd</sup> floor, 20 N 6<sup>th</sup> Street, Lafayette, IN / 765-807-1021

### User Information

Date of Event: 10/8/22 Time: From: 8:00 am/pm to: 3:00 am/pm

Name: Rebecca Maslanka Organization: NAMI-WCI

Street Address: 615 N 18<sup>th</sup> St, Suite 104

City: Lafayette State: IN Zip Code: 47904

Contact person(s): Rebecca Maslanka Phone Number(s): 765-423-6939

Email: rmaslanka@nami-wci.org

Event Description: NAMI WALKS

Caterer: N/A Caterer's Phone Number: N/A

### **This event will utilize the following venues (check all that apply):**

- ☐ Big 4 Depot - Community Room ☒ Riehle Plaza ☒ John T. Myers Bridge  
☐ City Right-of-way ☐ City Street ☐ Sidewalk ☐ Other \_\_\_\_\_

### **This event will include the following elements (check all that apply):**

Estimated Attendance: \_\_\_\_\_ ☐ Private Trash Hauler (must be removed by 8am following day)

☐ Street/Sidewalk/Right-of-way restriction or closure ☐ Food or Beverages

☒ Restroom Facilities (required for events 4+ hours) ☒ Tents/Canopies

☐ Alcohol (security is required) ☐ Security (required when serving alcohol)

**Not sure if you need an A&E Permit? Go to:**

☐ Amusement & Entertainment Permit # \_\_\_\_\_ <http://www.in.gov/dhs/2795.htm>

☐ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other \_\_\_\_\_

### Optional Equipment & Services:

- ☐ Traffic Control: barricades, **No Parking** signs, water barriers, **Road Closed** Signs \$25
- ☐ City Equipment: Trash totes, other \$25

**Timetable** (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days			42 days
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

### Application submittal checklist

- ☒ Application
- ☐ Pre-event meeting (if required)
- ☐ Good Neighbor letter to neighboring properties (**send or deliver to neighbors 7 days prior to Board of Works hearing**)  
*no req*
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)  
*coming*
- ☒ Receipt – payment made to City of Lafayette
- Damage Deposit: \$ \_\_\_\_\_ (required only when renting Depot)
  - Permit Fee: \$ 25 (fee waived when renting Depot)
  - Rental Fee: \$ \_\_\_\_\_
  - Equipment & Services: \$ \_\_\_\_\_ (optional)
- ☐ Certificate of Insurance *coming*
- ☐ Amusement & Entertainment Permit # \_\_\_\_\_
- Not sure if you need an A&E Permit? Want more information? Go to:  
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)



## USER AGREEMENT:

**INDEMNIFICATION AND RELEASE.** In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: \_\_\_\_\_

Date: \_\_\_\_\_

"User"

By: Sheri Moore  
Signature

Printed: Sheri Moore

Date: 5/18/2022

June 2, 2022

Board of Works Members,

Hello, my name is Rebecca Maslanka and I work for the National Alliance on Mental Illness – West Central Indiana. We are hosting our annual NAMI Walks Your Way event on October 8, 2022. This event is held each year to help raise funds and bring awareness to our community. We have requested the use of Riehle Plaza and the John T. Meyers pedestrian bridge. We expect about 100 people to attend and will be utilizing the heritage trail for our route, alleviating the need for road or sidewalk closures.

Last year our event was a huge success, and we know that is at least partly due to location. Thank you for approving our event last year and we hope we can enjoy the same support this year.

Thank you,

Rebecca Maslanka  
Assistant Director



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Cooley and Darling Insurance Agency PO Box 1228  Haymarket VA 20168	<b>CONTACT NAME:</b> Andy Cooley <b>PHONE (A/C, No, Ext):</b> (703) 881-0113 <b>FAX (A/C, No):</b> (703) 659-0024 <b>E-MAIL ADDRESS:</b> acooley@cd-insure.com
<b>INSURED</b> NAMI National 4301 Wilson Blvd. Suite 300 Arlington VA 22203	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Alliance of Nonprofits <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** CL2211013813 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		2022-12724	01/23/2022	01/23/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Social Service Prof Liab \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2022-12724	01/23/2022	01/23/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			2022-12724-UMB	01/23/2022	01/23/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is listed as additional insured for the NAMI Walks Your Way event on 10/08/2022.

**CERTIFICATE HOLDER****CANCELLATION**

City of Lafayette 20 N. 6th Street  Lafayette IN 47901	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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		<b>NAIC #</b> 10023	

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	Social Service Prof Liab \$ 1,000,000						
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000						
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## CERTIFICATE HOLDER

## CANCELLATION

NAMI West Central Indiana 615 N. 18th Street Suite 104 Lafayette IN 47904	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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MISCELLANEOUS PAYMENT RECPT#: 3249614  
City of Lafayette, IN  
20 N 6th St  
Lafayette IN 47901

DATE: 05/31/22  
CLERK: sscott  
CUSTOMER#: 999  
MISC CUSTOMER  
COMMENT:

TIME: 11:59  
DEPT:

CHARGES:  
APG1 NAMI WALK 25.00  
AMOUNT PAID: 25.00

PAID BY: NAMI WEST CENTRAL  
PAYMENT METH: CHECK  
1237

REFERENCE:

AMT TENDERED: 25.00  
AMT APPLIED: 25.00  
CHANGE: .00